

Allergy and Immunology Clinical Privileges

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

<input type="checkbox"/> <input type="checkbox"/> Requested

Renewal of privileges (reappointment)

<input type="checkbox"/> <input type="checkbox"/> Requested

Expansion of privileges (modification)

<input type="checkbox"/> <input type="checkbox"/> Requested

Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair & Clinic Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Qualifications for Allergy and Immunology

Initial privileges - *To be eligible to apply for privileges in allergy and immunology, the applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine or pediatrics followed by an accredited residency or fellowship in allergy and immunology.

AND

Current certification or active participation in the examination process, leading to specialty certification in allergy and immunology by the American Board of Allergy and Immunology or subspecialty certification of special qualifications (CSQ) in allergy and immunology by the American Osteopathic Board of Orthopedic Surgery;

AND

Required current experience: An adequate volume of general allergy and immunology procedures, reflective of scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in allergy and immunology, the re-applicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Continued...

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CORE PRIVILEGES: *Allergy and Immunology*

Evaluate, diagnose, consult, manage and provide therapy, and treatment for patients of all ages, presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, eczema/ atopic dermatitis, contact dermatitis, sinusitis, rhinitis, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Allergy and Immunology Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core:

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Allergen immunotherapy (both subcutaneous and sublingual)
2. Allergy testing including blood (RAST) testing; prick testing/intradermal testing
3. Delayed hypersensitivity skin testing
4. Drug desensitization and challenge (venoms, biologicals and medications)
5. Drug allergen testing (venoms, biologicals and medications)
6. Exercise challenge testing
7. Food challenge testing
8. Immediate hypersensitivity skin testing
9. Intravenous immunoglobulin (IVIG) treatment and administration
10. Methacholine challenge testing
11. Nasal cytology
12. Oral challenge testing

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13. Patch testing
14. Perform history and physical exam
15. Physical urticaria testing
16. Provocation testing for hyper-reactive airways
17. Perform and interpret pulmonary function tests
18. Rapid desensitization using allergens, venoms, biologicals and medication
19. Rhinolaryngoscopy

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Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Signatures

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: _____

Department Chair: (Print & Sign) _____ Date: _____

UNMMG Medical Director: (Print & Sign) _____ Date: _____

CMO or ACMO _____ Date: _____

Criteria Approved by UNMMG Board of Directors on

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